

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10824554**
APPLICANT(S)

FILING DATE **4 14 04**

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | ✓ | | | | | |
| 2 | ✓ | | | | | |
| 3 | | ✓ | | | | |
| 4 | | ✓ | | | | |
| 5 | | ✓ | | | | |
| 6 | | ✓ | | | | |
| 7 | ✓ | | | | | |
| 8 | ✓ | | | | | |
| 9 | | ✓ | | | | |
| 10 | | ✓ | | | | |
| 11 | | ✓ | | | | |
| 12 | ✓ | | | | | |
| 13 | | ✓ | | | | |
| 14 | | ✓ | | | | |
| 15 | | ✓ | | | | |
| 16 | | ✓ | | | | |
| 17 | ✓ | | | | | |
| 18 | ✓ | | | | | |
| 19 | ✓ | | | | | |
| 20 | ✓ | | | | | |
| 21 | ✓ | | | | | |
| 22 | ✓ | | | | | |
| 23 | | ✓ | | | | |
| 24 | | ✓ | | | | |
| 25 | | ✓ | | | | |
| 26 | | ✓ | | | | |
| 27 | | ✓ | | | | |
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| 29 | | ✓ | | | | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 19 | | | | | |
| TOTAL CLAIMS | 24 | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |